Conditional Exempt Small Quantity Generator [CESQG] Of Hazardous Waste Certification Agreement

The City of Casper's CESQG program is limited to accepting only hazardous waste exempted under federal and State of Wyoming regulations pertaining to CESQG exemptions. A general overview of the CESQG exemption regulations is as follows: A CESQG must generate less than 220 lbs or 25 gallons of hazardous waste per-calendar month or less than 2.2 lbs or ¼ gallon of acute hazardous waste per-calendar month. A CESQG must never accumulate more than 2,200 lbs 0r 220 gallons of hazardous waste or 2.2 lbs or ¼ gallon of acute hazardous waste on-site at one time. For more information pertaining to CESQG regulations contact the City of Casper Solid Waste Facility at 235-8246 or the State of Wyoming Department of Environmental Quality at 473-3450. By completing this certification you are stating that you qualify to participate in the City of Casper's CESQG program.

To be Completed by an Authorized Representative of the Company/Organization Meeting CESQG Status	
I, certify that I have read the enclosed document [City of Casper CESQG Hazardous Was Collection Program] and that the company/organization I represent, [subsequently referred to as "Company" meets the requirements as set forth in the enclosed document for participation in the City of Casper's CESQG hazardous waste collection program.	"]
I certify that I am an authorized representative for Company and I am familiar with the quantity and types of hazardous waste generated becompany.	by
I certify that Company's hazardous waste generation meets the definition of CESQG as defined by Wyoming Department of Environment Quality hazardous waste regulations and if at any time any, part of the waste stream is found to be unacceptable by the City of Casper's CESQ program staff, I shall agree to follow all applicable state and federal regulations for the proper disposal of the unacceptable waste. I assume fuliability for Company's waste and hereby release the City of Casper, its elected and appointed officials, Manager, officers, employee representatives, agents, and contractors [subsequently referred to as "Releasees"] from any and all liability, responsibility, claims, demand actions, or causes of action whatsoever arising out of Company's waste. I specifically release and discharge Releasees for liability for any injur death, damage or loss of property arising out of the negligence, active or passive, of any Releasees, or from some other cause associated with Company's waste. I understand that I am giving up legal rights which I may otherwise have by entering into this Agreement.	QG full es, ds, ry,
I certify that the following information is correct and current [Please Print Information]:	
Company Name:	
Street Address:	
City, County, State, Zip Code:	
Company Phone Number:Company FAX Number:	
Company Contact Person:Title:	
Contact Persons Phone Number:FAX Number:	
Authorized Representative's Legal Name [print]:Title:	
Signature:Date:	
I.D. Verification Performed by City Employee:(Signature)	
EPA Identification Number (if applicable):	